

BEST AVAILABLE COPY

CLAIMS ONLY						<small>SERIAL NO.</small> <small>FILED DATE</small>							
						<small>APPLICANT(S)</small>							
CLAIMS													
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>			<small>* IND. DEP.</small>		<small>* IND. DEP.</small>		<small>* IND. DEP.</small>	
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
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50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS